399 S. Trimble Rd., Mansfield, OH 44906 419-756-0773

EMPLOYMENT APPLICATION

Personal Information	nation:		
Today's Date:		Social Security #	
Position Apply	ring For: Assistant Preschool	Teacher	
Full Name:			
Maiden Name			
Street Address	:		
City:	Sta	te:	
Church Affilia	tion:		
Date of Birth:		Place of Birth:	
Home Phone N	Number:		
Cell Number:			
U.S. Citizen?	If no, do you have pe	ermanent residency?	
Spouse's Nam	e:	Occupation:	
Business Name	2:	Phone #:	
Business Addr	ess:		
Names of Chil	dren Living At Home:		Age:
		_	
		_	
		_	
<u>-</u>	been convicted of a criminal al molestation of a minor?	l offense, child abuse or a crim	e involving actual or
Yes No	If yes, please	explain.	
Do you have a	current driver's license? Ves	s No If yes lices	nse #·

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EDUCATIONAL BACKGROUND

High School:		Year Graduated:		
Address:				
College:		Year Graduated:		
Address:				
College:		Year Graduated:		
Address:				
Technical School or	Other Formal Training			
School Name:				
Address:				
Type of Training:				
Certificate or Diploma	a Granted:	Date:		
Professional Informa	ation			
Teacher Certification	Held:			
State:	Type:	Exp. Date:		
State:	Type:	Exp. Date:		
State:	Type:	Exp. Date:		
Other Certificates Hel	d:			
State:	Type:	Exp. Date:		
State:	Type:	Exp. Date:		

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PREVIOUS EMPLOYMENT

List from most recent employer first.

Employer:			Position: _	
Address:				
Dates Employed:				
Reason for Leaving:				
Employer:			Position: _	
Address:				
Dates Employed:	to _			
Reason for Leaving:				
Employer:			Position: _	
Address:				
Dates Employed:	to			
Reason for Leaving:				
Employer:			Position: _	
Address:				
Dates Employed:	to _			
Reason for Leaving:				
First Aid Certification: Yes No		Exp. Date:		
CPR Certification: Yes No		Exp. Date:		

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PERSONAL REFERENCES

1. Name: ______ Phone Number: _____

Please list those (other than a relative) who are familiar with your character as it relates to working with young children. References listed will be contacted via phone to be asked a few brief questions.

	Address:	
	Title:	Your relationship to this person:
2.	Name:	Phone Number:
	Address:	
	Title:	Your relationship to this person:
3.	Name:	Phone Number:
		Your relationship to this person:
or insti person	itutions listed on this applications or institutions who provided I value the right to inspect any Should my application be accollicies of Mansfield 1st EPC Premance of my services on behal	y references on my behalf. repted for employment, I agree to be bound by the By Laws reschool and to refrain from unscriptural conduct in the
	eant's Signature:	
Date		